

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/19/2025
NAME OF PROVIDER OR SUPPLIER  Pearl of Rolling Meadows,the		STREET ADDRESS, CITY, STATE, ZIP CODE  4225 Kirchoff Road Rolling Meadows, IL 60008	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have policies on smoking.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to implement its smoke policy by allowing residents to smoke near the main entry door and not having metal containers with self-closing cover devices in smoking areas. This applies to all four smokers (R1, R2, R3, and R4) reviewed for safe smoking in a sample of 4. The findings include: On 12/19/25 at 9:12 AM, V2 (Director of Nursing/DON) stated that we have four smokers (R1, R2, R3, and R4) in the building, and our designated smoke area is on the left side of the building (50 to 60 feet away from the main entry door) with benches. R1 is a [AGE] year-old male with intact cognition as per the Minimum Data Set (MDS). On 12/19/25 at 9:15 AM, observed R1 coming from the left side of the building after smoking. R1 stated, I pretty much smoke here on the left side of the building. Sometimes I go to the right side of the building to smoke. On 12/19/25 at 9:15 AM, observed the designated smoke area with V2 and observed cigarette butts on the ground with no metal containers with self-closing cover devices in the smoking premises. On 12/19/25 at 11:10 AM, observed the facility's main entry door with V3 (Social Service Director). The main entry door was observed with benches on both sides, 10-15 feet away from the entry door. Observed numerous cigarette butts around both benches close to the main entry door. On 12/19/25 at 11:05 AM, observed the right side of the building (50 to 60 feet away from the entry door with V3 and observed two benches and cigarette butts on the ground, with no self-closing devices in the premises. On 12/19/25 at 11:00 AM, V3 stated, The smoking residents are supposed to smoke on the left side of the building. We are telling them, but they don't listen. If the residents are smoking near the entry door, the receptionist is supposed to redirect them to the designated area. There should be self-closing devices in the designated smoking premises. On 12/19/25 at 11:20 AM, V1 (Covering Administrator) stated, I just came to cover for the administrator here. This facility used to be a non-smoking facility. Now they admit smokers, too. We will clean up the cigarette butts near the entry door and educate residents not to smoke there. A review of the facility presented a policy on smoking residents (reviewed on 4/18/24) document: 2. Smoking is only permitted in designated resident smoking areas, which are located outside of the building. 4. Metal containers, with self-closing cover devices, are available in smoking areas.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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